

# Trusted Contact

**✓ Use this form to:**

- Add a trusted contact to your T. Rowe Price accounts.

 This hand indicates where to sign.

**Mail to:**

T. Rowe Price  
P.O. Box 17302  
Baltimore, MD 21297-1302

**Express delivery only:**

T. Rowe Price Mail Code 17302  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903

- By my signature on this form, I authorize T. Rowe Price Investment Services, Inc. and T. Rowe Price Services, Inc. (collectively "T. Rowe Price") to share my account information with the named Trusted Contact person(s) identified below.
- I authorize T. Rowe Price, at its discretion, to share information with and/or seek information from the Trusted Contact person(s). This information may include, but is not limited to, any of my information regarding my/our account(s) including contact information for account owners, beneficiaries or persons authorized to act on the account, securities held, conducted or proposed transactions, deposits, disbursements, or other financial products or services offered by or through T. Rowe Price.
- I understand that T. Rowe Price may contact the Trusted Contact person(s) if there are questions or concerns about any of the account activity or inactivity, any account owner's whereabouts or health status (e.g., if T. Rowe

Price becomes concerned that I might no longer be able to handle my financial affairs), or in the event that T. Rowe Price becomes concerned that I may be or become a victim of fraud or exploitation.

- A Trusted Contact person(s) must be 18 years of age. T. Rowe Price suggests that the Trusted Contact be someone not already authorized to transact business on the account. In addition, T. Rowe Price suggests that I advise the Trusted Contact person(s) that I provided the below information to T. Rowe Price and asks that I keep Trusted Contact person(s) updated.
- I understand that there is no requirement that T. Rowe Price contact my Trusted Contact person(s) and that I may withdraw a Trusted Contact at any time online through Account Access, by telephone or in writing. By signing below, I hold T. Rowe Price harmless if T. Rowe Price either acts, or fails to act, based upon T. Rowe Price's best judgment.

## 1 Owner/Participant

Provide the current owner/participant information.

Name	Social Security Number (SSN)
Joint Owner (if applicable)	Phone

Trusted Contact Name*		
Physical Address (cannot be a P.O. box)		
City	State	ZIP Code
Phone*	Relationship to Owner	
E-mail Address		

\*Required fields



## 2 Trusted Contact

The Trusted Contact person will apply to all new and existing T. Rowe Price accounts. If you wish that the Trusted Contact person(s) be only applied to the accounts being opened please call T. Rowe Price.

Trusted Contact Name*		
Physical Address (cannot be a P.O. box)		
City	State	ZIP Code
Phone*	Relationship to Owner	
E-mail Address		

## 3 Signature(s)

All owners must sign below.

Signature(s) and Date(s) Required	
Account Owner/Participant	Date (mm/dd/yyyy)
 X	
Joint Owner/Custodian (if applicable)	Date (mm/dd/yyyy)
 X	

